ALABAMA DEPARTMENT OF
DMHMR
*Mental Health & Mental Retardation*

# Nurse Delegation Program

## Administrative Guidance For The Medication Assistance Certification (MAC) Program

***For Programs Providing Mental Illness or Substance Abuse Services***

# MANUAL 5.2

# Alabama Department of Mental Health and Mental Retardation

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# NURSE DELEGATION PROGRAM (NDP 5.2)

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# Administrative Guidance For Programs That Serve Persons With Mental Illness or Substance Abuse

## *For Mental Illness or Substance Abuse Programs*

## Table of Contents

# INTRODUCTION

## BASIC OPERATING PRINCIPLES OF THE NURSE DELEGATION PROGRAM THAT SERVE PERSONS WITH MENTAL ILLNESS OR SUBSTANCE ABUSE

The Medication Assistance Certification Program for the Alabama Department of Mental Health and Mental Retardation applies to all facilities that are certified by the Alabama Department of Mental Health and Mental Retardation (ADMHMR) to provide assistance to individuals with serious mental illness, mental retardation or substance abuse. The Nurse Delegation Program (NDP) is managed by Alabama Department of Mental Health and Mental Retardation in conjunction with the Alabama Board of Nursing to assure that all residents who reside within facilities contracted by ADMHMR receive appropriate medical care. This program contains four components: 1) administrative guidance on the structure of the NDP program, 2) educational programming for both the medication assistant supervising nurses (MAS nurse) and medication assistant certified staff (MAC staff), 3) quality assurance monitoring at the facility level, and 4) quality assurance review by the Alabama Department of Mental Health and Mental Retardation as well as the Alabama Board of Nursing.

The NDP program is designed to assure that all facilities operated under contract by the Alabama Department of Mental Health and Mental Retardation are compliant with the Board of Nursing regulations on the administration of medications. The goal of the NDP system is to assure safe, available, effective medication management to all individuals who reside in residential facilities while at the same time maximizing flexibility to assure optimal choice with regards to residential location. The NDP program is designed to respect the rights and autonomy of individual residents while at the same time providing guidance to licensed nursing staff who manage the program and non-licensed direct care professionals who operate under the direction of this program.

The NDP program is designed to minimize risks for medication administration errors in a variety of residential settings that serve persons with mental retardation, mental illness and substance abuse. Medication administration errors may occur in all treatment facilities including hospitals, nursing homes, pharmacies, and others. This program is designed to reduce the risk for errors, identify mistakes that occur, and reduce the risk of further problems. This specific program is designed to allow non-licensed healthcare workers to assist licensed professionals in the distribution of medications to individuals who are unable to take medications by themselves. The medication assistant supervising nurses (MAS-RN/LPN) are authorized by the Alabama Board of Nursing to delegate assistant responsibility to non-licensed staff through a program that is managed by the Alabama Department of Mental Health and Mental Retardation**.**

The individual residential program operator assures that the program is properly managed through adequate staffing, training and oversight. Family caregivers or guardians are informed about the medication assistant certification program. Compliance issues may be presented to Vanessa Prater – Vanessa.prater@mh.alabama.gov in the Mental Illness Division and Bob Wynn – Robert.Wynn@mh.alabama.gov in the Substance Abuse Division.

# SECTION 1

# A BRIEF DESCRIPTION OF THE COMMUNITY RESIDENTIAL SYSTEM CERTIFIED BY THE ALABAMA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

## 1.1. Programs and Principles that Apply to all Divisions of DMHMR

The Alabama Department of Mental Health and Mental Retardation (ADMHMR) is organized into three clinical divisions: Mental Illness, Mental Retardation, and Substance Abuse. Each division has a chain of command that answers to the Commissioner. Community Programs, while certified by the ADMH/MR do not answer to the Department. The local organizations are governed by local boards created pursuant to Alabama Act 310 (1967) (Alabama Code, Title 22-51-1et seq.) or operate as private entities.

The Department leadership has studied the implications of the Nurse Practices Act and its implementing regulations pertaining to nurse delegation of medication administration. We recognize that programs regulated by each of the three divisions of the Department will be affected differently by this regulatory structure. Although the Department has unified management through the Commissioner's Office; each division has a different mission, quality assurance procedures, and service populations that will require individualized approaches to implementation of the new regulation. Certain features are consistent across divisions. None of the divisions own or operate community residential centers or group homes. Each of the divisions uses a variety of vendors to provide these services. All of the divisions exercise regulatory control over the vendors that provide services within the system. None of the divisions hires, trains, or directly supervises workers within the community residential facilities. All of the divisions require specific, regular monitoring and reporting on issues that pertain to resident safety and quality of care.

All of the divisions in ADMHMR have provided administrative support and educational input into developing the delegation program. Each of the divisions conducts their NDP educational programs using methods specific to their workforce; however, all of the programs will use the same basic content material that is approved by the Board. Overall management of the program will be conducted through the Commissioner's Office and the Office of the Medical Director. The number of available or occupied beds within each system fluctuates on a daily basis and the number of group homes varies according to the needs of citizens and available financial resources. All of the group homes are monitored by resident advocates who meet with the residents on an individual basis to assure safe humane treatment. All residents have access to department advocacy and help lines. An external group through the Alabama Disability Advocacy Program (ADAP) a federally funded program monitors all residential programs and these resident advocates provide a redundant system that further assures the rights and safety of our residents.

## 1.2. PROGRAMS AND PRINCIPLES UNIQUE TO EACH DIVISION

### 1.21. Residential Programs for Persons with Mental Retardation

The Mental Retardation Division contracts with community agencies which operate approximately 1200 sites where approximately 5,000 citizens receive services. The individual agencies are regulated through the Department's Administrative Code with specific regulations

that define quality of care. The operational assumption is that persons with intellectual disability are generally not capable of self-administering medication. Specific monitoring of medication errors and adverse events is conducted at the local level, at the regional office and within Central Office in Montgomery. The Division of Mental Retardation Services (DMRS) divides the state into five regions where staffs, including caseworkers and Registered Nurses, oversee quality of care in the community group homes at the local level. The Community residences are home-like environments usually serving three to six individuals with staff that have often cared for these individuals for many years and with frequent visits from families who often live within close proximity to the individual. The family members of individuals with cognitive disabilities are represented through advocacy organizations such as the ARC (formerly the Association for Retarded Citizens) which champion the cause of autonomy and self-determination for the residents and the families. This advocacy is in addition to Department advocates and ADAP monitoring.

**1.22. Residential Programs for Persons with Serious Mental Illness**

The Mental Illness Division provides funding and limited regulatory oversight for approximately 2,000 beds in 200 facilities that are scattered throughout the state. Some beds are under the management of the local mental health center and their 310-Board while others are provided by private vendors on a contractual basis. The majority of residents within mental illness residential facilities are capable of self-administration for medication. Community programs certified by the ADMH/MR operate a smaller number of secure residential facilities for individuals experiencing acute destabilization. Administration of medications in these locations is controlled by licensed staff.

Most mental illness group homes secure the resident's medications and require the individuals to present themselves for self-administration of medications. Medication adherence is an integral part of the psychosocial recovery process for persons with serious mental illness. Staff use these interactions as a teaching intervention. Some residential programs have RN's or LPN's administer all medications.

**1.23. Residential Programs for Persons with Substance Abuse**

The Substance Abuse Division provides funding and regulatory oversight for approximately 600 beds of which approximately 60 are designated for adolescents. The mission of substance abuse residential facilities is recovery from addiction and these individuals often self-medicate using a system similar to that in the Mental Illness Division. Adolescent residents utilize supervised administration by licensed staff.

# SECTION 2

## GOALS OF THE NDP PROGRAM FOR PERSONS WITH MENTAL ILLNESS OR SUBSTANCE ABUSE

The goals of the nurse delegation program include resident safety, quality of services, professionalism in the workforce and local availability. Persons with mental illness and substance abuse share several features including the need for excellent medical care as well as the ability to understand their medications. National nursing organizations now endorse the use of delegation procedures and many other states now use a similar system. This program focuses on safety by assuring that individuals who are unable to self-medicate receive medications in a safe, effective manner. The program focuses on quality by creating a system to maximize accuracy and reduce the likelihood of medication administration errors. Medication administration errors occur in all clinical settings and the goal of this program is to reduce the likelihood that such errors will occur in facilities that serve persons with mental illness or substance abuse. The third goal is professionalism in the workforce. This program provides more detailed information to individuals about mental illness and health problems that often occur in persons with serious mental illness. The MAC educational program will allow these individuals to better understand the value of health prevention interventions such as exercise, good nutrition, and compliance with medications prescribed for health problems such as hypertension and obesity. Finally, this program offers availability and allows persons with mental illness and substance abuse to reside in their community.

# SECTION 3

# SELECTION OF A RESIDENT FOR MAC SERVICES

## 3.1. Determination of Medication Status

The MAS RN will select appropriate individuals within a group home for MAC services. A resident should need assistance with medications that are adequately met by the MAC worker for safe, effective care. Residents with highly complicated medications regimens or those who require adjustments based on daily assessments are not candidates for MAC care. Individuals with skilled medical needs must receive skilled services from the licensed staff although the MAC staff may assist with other medication services.

Most residents within community mental illness or substance abuse facilities are capable of self-administering medications and these individuals can voluntarily withhold medications from self in reactions to new physical complaints. These residents can inform the staff that they are not taking a specific medication so that staff can determine any change in the resident's status. Some individuals within mental illness or substance abuse group homes are not capable of self-administering. This determination is made on the three-step method described for MAS nurses in NDP 2.1 or 2.2. The three-step assessment includes 1) can the resident identify their medications, 2) does the resident understand the purpose of the medication and 3) can the resident describe important side effects of the medicine. This system is identical to the program used in the assisted living system of Alabama.

## 3.2. Family Consent

Residents who require MAC services may have family or guardians who consent to this care. Family should be informed about the service. Family members have the option of refusing the service and this denial may cause the resident to be placed in a different facility. Neither family nor resident have the right to demand self-medication when staff believes that the resident does not meet criteria **(See Section 4).**

## 3.3. Skilled Medical Needs that must be Managed by a Licensed Nurse

1. All injectable medication prescribed for routine or as needed acute or chronic illnesses.
2. PEG tube feedings and PEG care.
3. Wound care requiring sterile technique or other skilled interventions.
4. Ostomy care beyond routine changing of bags.
5. All forms of catheterization, insertion or removal.
6. All vaginal suppositories.
7. All routine rectal suppositories.
8. Tracheostomy care.
9. Any form of specialized catheter care, such as dialysis shunt, heparin lock, etc.

## 3.4. Non-skilled Interventions that can be Managed by a MAC Worker

1. Basic first aid, i.e., dressing simple scratches, bite marks, or other superficial injuries.
2. Epinephrine injectors routinely carried for persons with allergic reactions (Epi-pens).
3. Diastat suppositories for status epilepticus (pending approval by BON).

### 3.5. Rationale for Limitations of Skilled Services

The Board of Nursing forbids the performance of skilled services by any healthcare professional except for a registered nurse or an LPN. Although specific, mechanical tasks such as wound dressing, PEG tube feedings, etc. might be performed by appropriately trained non-licensed staff, the judgment necessary to examine and assess the "skilled" intervention requires skills at the licensed level. For instance, wound care requires that the person who performs the service examines the damaged tissue each time the wound is cleaned and dressed. Injectable medications are limited to licensed persons because of issues surrounding judgment prior to administration of the medication, measurement of appropriate volumes and monitoring for side effects. For instance, an RN or LPN is trained to withhold or adjust insulin for a diabetic who is vomiting and not eating.

### 3.6. Supervision of MAC Workers

The facility is responsible to be sure that a Registered Nurse or LPN is available at all times to answer questions from a MAC worker. That on-call nurse does not need to be the professional who certify the MAC worker. The "on-call" nursing professional should have sufficient familiarity with the residents and the facility to assure advice via the telephone and must be MAS-certified.

Unaffiliated facilities may develop a network for on-call to back up the MAC worker. Management should assure that nurses who are involved with the backup system have completed the MAS training program and are familiar with the resident who receives services in the facility. For instance, the nurse should be reasonably familiar with management of persons with mental illness if they backing up staff in MI residential facilities.

Facility operators should have sufficient depth and flexibility in their program to assure that loss of a licensed professional due to illness, accidents, or administrative changes is covered by other professionals within the organization or the geographical area. MAC workers must have access to backup licensed professionals at all times. The local emergency room cannot be used as a back-up service unless 1) there is a structured arrangement, 2) the emergency room nurse is familiar with the residential operation, and 3) has achieved MAS status.

# SECTION 4

# GUIDANCE PROVIDED TO MENTAL ILLNESS AND SUBSTANCE ABUSE RESIDENTIAL FACILITIES ON DETERMINATION SELF-MEDICATION

## 4.1. Entry of Residents into the System

Individuals with serious mental illness may enter our MI group homes through multiple avenues including discharges from state hospitals, discharges from a private hospital under the directions of community mental health center, discharges from private practice into a group home, discharges from a private medical facility for medical problems, and a direct community admission. The determination for the ability to self-medicate for residents originally in state hospitals may be made by the treatment team at time of discharge from the state hospital. The treatment team should be familiar with guidance for self-administration as well as the resources available in the individual group homes. The first step is assurance that residents meets criteria for self-administration based on physical, sensory, and cognitive abilities. Some individuals with severe visual impairment may still be able to self-administer medications. Individuals with severe neuromuscular impairment are unlikely to be placed in a routine group home.

## 4.2. Periodic Reassessment For Self-Administration

The clinical status of residents may change over time. Long term residents who are stabilized in a group home should be reevaluated on an annual basis by a registered nurse to confirm the fact that these residents are capable of self-administering. This annual self-evaluation can also be performed by the community mental health center treatment team, the residential staff or other appropriately trained and certified nursing professionals.

Some residents may have serious health problems or new behavioral changes that may alter the resident's ability to self-administer. The clinical management team in the group home is expected to have a mechanism available to assess individuals who have had substantial changes in their physical or cognitive status or in their psychiatric status such that they may be unable to self-administer medications. The standard guidance for self-administration will continue for these individuals. For example, a "self-medicating" resident develops severe delirium during a hospitalization for surgery. This resident may not be able to self-medicate on return from the hospital. Overtime, the post-operative confusion improves and the resident can resume self-medication.

## 4.3. Documentation

Physical documentation should be available in the record that attests to the fact that the resident has been evaluated for self-administration. The date of the evaluation and persons involved with this determination. Documentation may be reviewed during the annual survey process.

## 4.4. Distinguishing Self-Administration From Medication Assistance

Medication noncompliance is distinct from an individual with inability to self-administer medications. Many residents with serious mental illness as well as many normal individuals with health problems exhibit compliance problems. One goal of group home intervention is resident education or training to adhere to the prescribed medication regiment. Verbal prompts are acceptable as reminders to take medications if the resident has knowledge and

understanding. These individuals must meet the three-step criteria for medication self-administration. These individuals must handle their own medications both in the loading and in the consumption phase.

**4.5. Medication Security**

Group homes and group living create certain security issues for medications. Only the self-medicating individual is permitted to remove or add medications to their medication locker. Controlled substances must be secured for all residents.

**4.6. Assistance with Organization of Medication**

A licensed nursing person may assist a resident who is capable of self-administration with filling his or her own pillbox. The medications may be removed from bottle and loaded into weekly planner by the resident as would be performed if the resident was a resident at home in need of assistance of a home health nurse. The nurse is not allowed to pre-fill the container for the resident. The Board of Pharmacy forbids this practice, called "re-dispensing". The self-medicating resident is required to have control over his medications at all times and these medications are deemed to be in his/her possession. These medications may be stored in a safe area to assure that other individuals do not tamper with the medications; however, the resident will load and self-administer these medications.

The resident may choose to keep certain medications on their person. Medications such as inhalers for lung disease may be essential for normal function and MAC workers may remind residents to use the inhaler, monitor effectiveness, and identify problems with technique.

**4.7. Policy on PRN Medication**

A competent individual who has the capacity to self-medicate does have the authority to ask for PRN medications, 1) which are in their possession or in the secure medication locker and 2) which have been designated as PRN medications. This function will be similar to that had the individual resided at home. The MAC worker can record the use of the PRN medication.

**4.8. Policy on PRN Medications**

The NDP guidelines allow for the use of PRN prescription of psychotropic medications under the verbal direction of the MAS-RN or MAS-LPN. MAC workers are not allowed to independently determine whether a resident should have a PRN medication for psychiatric symptoms or behavioral problems.

Persons with mental illness develop acute behavioral or psychiatric exacerbation for numerous reasons. Residents may have a new, unrecognized health problem, residents may be reacting to environmental stressors such as provocation from other residents, residents may be intoxicated or many other potential causes for the new or unstable behavior. Inappropriate administration of sedating medications can mask important, new physical symptoms. MAC workers are not trained to determine whether a new behavior is produced by exacerbation of existing psychiatric problems or an unrecognized health problem. For this reason, the MAC worker must check with the MAS-RN/LPN prior to administration of any PRN psychotropic medication under all circumstances.

MAC workers are not allowed to administer injectable, psychotropic medications under any circumstances. The residential policy should provide MAC workers with directions on how to deal with severe, life-threatening behavioral situations based on local policy and resources.

These instructions should be provided to the MAC worker prior to commencement of employment and included in their MAC Quick Facts (NDP 4.2).

The administration of a PRN medication requires several components. First, the medication must have clear specific guidelines for the request for administration. Second, the MAC worker must contact the on-call MAS-RN/LPN and provide information that specifically addresses guidelines for administration. Third, the proper doses should be administered by the MAC worker and fourth, the MAC worker should confirm that the desired effect has been achieved with the medication. This will often require the MAC worker to re-contact the RN to inform them of the effectiveness. For instance, if the MAC worker administers oral Zyprexa for severe agitated, manic behavior, the MAS-RN/LPN should provide guidance about the expected impact of the medication. The MAS nurse should follow-up on the outcome of the PRN.

Over-the counter preparations may be administered to residents with authorization by the on-call MAS nurse and following guidance for PRN medications. The MAC worker should contact the MAS-RN/LPN in the event that the desired effect of the medication is not achieved, for instance, an individual who has a standing order for 30cc of Maalox for indigestion. If the resident continues to complain of pain after proper administration of medication, the MAC worker should be instructed to contact the supervising nurse to inform them of this occurrence with the resident. This reduces the likelihood that an unrecognized, secondary problem, such as angina, remains unrecognized by the staff.

### 4.9. Special Procedures

The Alabama Board of Nursing allows MAC workers to perform a number of special procedures under the supervision of a MAS-RN or MAS-LPN. The MAC worker is allowed to clean and monitor devices such as C-Pap machines, nebulizer machines, and other durable medical goods that are routinely used in the home environment. MAC workers are not allowed to manage complex devices such as home ventilators.

MAC workers are not allowed to provide PEG tube feedings and G-tube feedings, or home-based infusion services. PEG tube feedings require monitoring and supervision at the licensed level. Potential complications associated with displacement of a PEG tube are common and sometimes lethal. The PEG tube stoma is a direct conduit to the peritoneal cavity and requires monitoring as well as proper wound care. The Board of Nursing believes that the risk-benefit ratio for PEG tube feedings by unlicensed staff is sufficiently high to warrant this exclusion.

Invasive catheter care such as insertion, removal, or flushing of urinary catheters can produce significant injury to the resident. Proper inflation or deflation of balloon, sterile technique during flushing and other interventions require skilled management. Monitoring of urinary output can be accomplished by unlicensed individuals.

# SECTION 5

# GUIDANCE TO THE MEDICATION ADMINISTRATION SUPERVISING (MAS) NURSING STAFF ON THE MEDICATION ASSISTANT CERTIFICATION (MAC) EDUCATIONAL PROGRAM FOR ASSISTING PERSONS WITH MENTAL ILLNESS OR SUBSTANCE ABUSE

## 5.1. Overview of the MAC Educational Program

The MAC teaching syllabus (3.2) is the roadmap for education; however, the teacher's nursing skills and knowledge are the single, most important teaching tool in this program. The ADMHMR staff provides written material to assist in the MAC teaching. We suggest that students review the material in advance and use the teaching outline as a discussion point to cover essential materials. This teaching program is meant to be a practical, educational curriculum that focuses on issues that are most relevant to specific resident populations. Certain types of illnesses may be more common in a specific resident population and the MAS nurse may choose to spend more time talking about a specific subject. For instance, a home may have many persons with seizure disorders and the MAS nurse may choose to spend more time than allocated in this teaching program to discuss seizures. MAS nurses are provided the flexibility to make this program appropriate to their residents. Although some forms of medication may not be administered in a particular facility, the MAS nurse must cover all forms with their MAC-1 candidates. The trainer must cover each subject included in the core teaching guide. The depth of coverage and amount of time will depend upon the teacher's judgment.

Students must take and pass all test segments within this course. The student must receive enough teaching over each course to assure that they pass the test. The MAC-1 certification will apply to all ADMHMR residential facilities.

## 5.2. Completion of MAC-1

MAC-1 contains all didactic material necessary to understand hands-on training included with MAC-2 segment. MAC-1 includes basic information about medication preparation and administration, as well as information about common health problems encountered in target populations. The training achieves three goals: 1) explains proper procedure for assistance with medications for persons with serious mental illness or substance abuse, 2) outlines documentation procedures to record administration and compliance with medications, and 3) defines methods to properly report suspected or real adverse effects produced by medications.

The MAC staffer also plays a valuable role in educating residents on the importance of medication and the reporting of which side effects. Residents with severe mental illness often require constant reminders about indications and toxicities associated with medications. Major illness or classes of medications are covered in the course work. These segments allow MAC workers to properly monitor for potential side effects and provide basic education about medications through repetition of teaching provided by licensed staff. Both segments, i.e., MAC-1 and MAC-2 are important to the MAC applicant and testing includes both bodies of knowledge.

## 5.3. Guidance and Restrictions on Changing the Curriculum

The NDP program is designed to provide maximum flexibility to facilities on educating staff. Certain core information must be covered in the course as seen in Segment 3.1 to 3.2. Each segment contains a section on medication administration and a second component on clinical issues, such as seizure disorders, hypertension, etc. Additional material is included at the back of the MAC training manual.

Additional material may be added to the MAC training program by the MAS instructor as long as the information does not conflict with information already available in the MAC program. Additional teaching or training should not conflict with existing handbooks or guides on administration of medications. The 12 areas of knowledge must be included in MAC-1 and the areas of competency must be included in MAC-2.

## 5.4. Allowed Flexibility for MAC Educational Program

The order in which MAC segments are presented can be rearranged to meet the needs of the MAS teacher and the students. The scheduling and sequencing can be determined at the local level to meet local scheduling needs.

The scheduling and sequencing of hands-on experiences shall be determined by local management and the MAS trainer. The number of students in attendance for the MAC didactic is unlimited. The number of students involved with the individual one-to-one mentoring should not exceed 6 per instructor. The MAS nurse is encouraged to use clinical vignettes and clinical stories for every aspect of the MAC training.

Many facilities have unique methods of administering medicines, recording, and managing residents. This material can be added to the training program as additional information in either written or verbal form. Significant additions or deletions of other material should be cleared through the appropriate ADMHMR staff.

The NDP post-test cannot be changed to reflect alterations of the curriculum at the local level. The student is responsible for all material that is included in the NDP test.

## 5.5. Testing Procedures for the MAC Candidate

We recommend that you administer a practice test after the completion of each 3 units that consists of three teaching segments. Open-book means that student can have access to their printed manual called “MAC Quick Facts”, NDP 4.1 or 4.2. Students are not allowed to converse with each other or ask for your assistance in understanding the test questions. The MAS nurse is permitted to simply read the test questions or the case vignettes to the individual. Instructors may not prompt the student or focus his/her attention on a potentially correct answer. Students are not allowed to talk with each other during the testing period.

## 5.6. Dealing with Students who Fail the MAC Test

Students may fail the didactic portion of this course for many reasons. Some workers may have difficulty with reading and learning. We recommend a verbal approach or a peer teaching method to reinforce essential knowledge. Do not teach to the test. Teach to the essential course work information, which is included in the test.

Some students may not pass the test because they lack focus or professional attitudes. These individuals may need additional counseling about the importance of their responsibilities and the potential lethal outcomes produced by mistakes. The ADMHMR leadership and the BON leadership have determined that a MAC candidate can take the test three times. Following the third failure, the candidate is disqualified for 12 months. During that time period, the candidate can achieve the academic or technical skills to master the material.

### 5.7. Essential Issues in Teaching the Practical Component (Part II)

The primary goal for the Department of Mental Health and Mental Retardation, as well as the Alabama Board of Nursing is resident safety. Each teaching segment and practical session should focus on safety issues. The program has three teaching objectives: 1) show the safe, professional method to assist with administration of medications, 2) train methods to avoid mistakes, and 3) educate on common side effects and contraindications to administration encountered during the course of medication administration. Common errors such as misreading prescriptions, not double-checking preparations, and others are important to repeatedly discuss with the students.

Students must understand that mistakes with medication assistance can produce lethal outcomes for residents. For instance, failure to administer antiepileptic medication in an appropriately timely manner may cause the resident to suffer lethal seizures. Mistakes in administration of medications to an allergic resident may trigger anaphylactic reactions. By participating in the MAC program, these workers are accepting responsibilities for protecting their residents against potentially lethal outcomes. This concept must be clearly defined in educating the workers.

Medication administration errors can occur in any clinical setting. A medication administration error does not indicate incompetence, but does require investigation and correction. MAC workers must be trained to accurately report administration mistakes and adverse events.

# SECTION 6

# SELECTION AND PERIODIC EVALUATION OF CANDIDATES FOR MAC TRAINING BY THE MAS NURSING STAFF

## 6.1. General Abilities

Residents with severe mental illness depend on workers for medication safety. Candidates for MAC training should have adequate, intellectual and academic skills to assure safety in medication assistance to persons with serious mental illness. MAC candidates should have sufficient physical abilities to assure the capacity to assist with medication. Individuals must be able to read and write clearly. The MAC candidate should demonstrate the personal integrity, maturity, and empathy necessary to assist a person with their medications. Staff should have sufficient knowledge of a MAC candidate to conclude that these persons demonstrate these basic professional qualities.

## 6.2. Quarterly Assessment of the MAC Worker

The MAS-RN or LPN shall assess the performance of the MAC worker under their delegation authority on a quarterly basis. The nurse should meet with the worker to discuss the evaluation and suggest areas of improvement. The quarterly performance review will include four domains: 1) technical competence, 2) professionalism, 3) personal responsibility, and 4) respect for residents' rights. All workers will be scored on a 1 to 5 scale with 1 indicating unacceptable, and five indicating outstanding.

**Technical Competence**. A technically competent MAC worker is an individual who can consistently assist with medications without serious errors. Any Level-3 error is considered to be serious and requires immediate re-evaluation. Technical competence includes ability to assist with medications, monitor for common side effects, ability to complete paperwork in a timely accurate manner, adherence to dispensing regulations, and any other technical skill identified by the delegating MAS nurse.

**Professionalism.** The professionalism is defined by the MAC worker's ability to assist the resident in taking their medications, provide encouragement, monitor for side effects, offer basic help and encouragement as defined in the MAC Manual, and any other professional quality defined by the delegating MAS nurse.

**Personal Responsibility.** Responsibility focuses on the worker's ability to abide by the self-reporting system for medication administration mistakes and resident confidentiality.

**Respect for Resident's Rights**. Respect for resident's rights evaluates the worker's ability to respect privacy and confidentiality. This measure evaluates the worker's respect for resident's rights and individual dignity as a human being.

## 6.3. Assessing the Impact of Medication Administration Errors on MAC Status.

Each medication administration error must be evaluated on an individual merit. The occurrence of an administration error does not automatically imply incompetent workers or negligent practices. Administration errors are common in all healthcare settings but these occurrences are not acceptable as standard practice. The MAS nurse should be promptly informed of errors and provide a timely review of the circumstance. The MAS nurse must follow standard ADMHMR Q/A procedures.

## 6.4. Testing Procedures

Testing is in open-book format using multiple choice questions. Some individuals may develop significant test anxiety or lack familiarity with multiple choice examinations. Teachers are allowed to read test questions to selected candidates. Teachers are not allowed to influence or prompt candidates on proper answers. The reading of test questions should be an exception rather than a standard of practice and this intervention should be noted on the answer sheet.

Students must achieve a 90% grade to pass the test. The instructor can administer a retest within 24 hours for those individuals who need additional time to study. Individuals are only allowed three attempts at the test before they are disqualified as MAC candidates. Individuals can reapply for MAC status and the end of 12 months if they have gathered additional professional or academic experience.

The hard copy of the MAC test must be retained by the facility for at least five years. This medico-legal documents standard of care and supports the competency of the employee.

# SECTION 7

# INSTRUCTIONS FOR LICENSED PROFESSIONALS ON MANAGEMENT OF THE MAR AND MEDICATION ERRORS

## 7.1. Reporting on MAR by the MAC Worker

The medication administration record (MAR) is a medico-legal document that defines the pharmacological management for a particular resident or residents. Only a licensed person can change an MAR including RN's, LPN's, pharmacists and physicians. Additions, deletions, or adjustments of written dosages must be performed by a licensed professional.

Changes to the MAR by unlicensed staff person are considered a Category-1 error and must be reported to the quality assurance program. The medications assistance authorized personnel (MAC) should be re-educated immediately to prevent further incidents. This event should be immediately reported to the medication assistant delegating RN (MAS-RN).

## 7.2. Reporting of Medication Error to MAS-RN/LPN

The MAS nurse for a particular MAC staff person must be notified of errors committed by staff for which they have certified by signing the delegation form. The facility administrator must notify the MAS nurse within 24 hours of a Level-2 or Level-3 error. The administration must inform the delegating nurse within 3 working days about the first Level-1 error and within two working days all subsequent Level-1 errors.

Medication errors in the SA division should be reported to using a special incident report submitted to the attention of Robert Wynn. Errors in the MI division should be directed to Angie Satin at the Office of Performance Improvement. Quality assurance for medication errors will be reviewed during the annual survey process. Please contact Vanessa Prater in the MI division at Vanessa.Prater@mh.alabama.gov and Robert Wynn in the SA division at Robert.Wynn@mh.alabama.gov for further information.

## 7.3. The Assessment of Medication Error Committed by a MAC Worker

Medication errors occur in all settings. A medication error does not imply that a worker is incompetent, careless or unsafe. Repeated errors despite re-education or flagrant, reckless behavior that causes risk to residents require immediate action for correction or termination from the MAC program. Different organizations have different resident mixtures and unique levels of staff support. The overall management of medication errors is best determined at the facility level; however, the Department provides broad guidance to assure consistency across systems. The MAS-RN/LPN has ultimate authority to de-certify a MAC worker for medication errors.

## 7.4. The Expected Response by Management to Level-2 or Level-3 Errors by a MAC Worker

The facility director and the MAS-RN will assess any Category 2 or Category 3 errors within 24 hours of discovery of the incident. The MAC staffer committing the Category 3 error must be suspended from administration of medication until the staff is satisfied that the worker is capable of resuming MAC responsibilities or until the staffer is permanently relieved of MAC responsibilities. MAC staffers committing a Category 2 error should be suspended until clarification; however, this decision can be made at the facility level. The investigation and

remedial actions should be included in the staffers credentialing packet for review by accreditation staffers. Details of the incident, HIPPA-protected information and other data should not need to be included in this packet.

**7.5. Required Record Keeping for MAC Employees by Management**

Each MAC staffer within their organization must have a MAC accreditation packet at the facility. These records must be stored for at least five years for medical-legal reasons. A MAC record will include MAC 1 and 2 certification documentation, quarterly evaluations, evidence of ongoing education and quality assurance, remedial action undertaken by the MAS-RN, and results of remediation. These documents must be available for the ADMHMR surveyors.

**7.6. Dealing with Verbal Orders**

Verbal orders from physicians, nurse practitioners, or other healthcare professionals cannot be taken by MAC staff. A MAC staff can accept a prescription on behalf of a resident or receive a faxed medication change with transmission of that information to the responsible, licensed staff person.

The MAC staffer cannot change the order or implement the action without conferring with the nurse. For instance, a physician's office calls to inform the facility that a resident has a high Dilantin level and they want the next two doses held. The MAC staffer must immediately notify the on-call nurse of this change and follow instructions.

**7.7. Guidelines for Emergency Instructions**

Emergency instructions provided to a MAC staffer by a physician to hold or discontinue a medication can be implemented while the MAC staff attempts to contact the supervising or on-call licensed person. An emergency situation exists when administration of the medication may potentially cause harm and the MAC staffer cannot immediately verify this decision with the licensed person. Emergency hold or discontinuation orders should not be common and this procedure should not be used to circumvent the standard operating procedure under then NDP. The MAC staffer cannot routinely change or administer medications on the emergency basis. They must have authorization from their MAS nurse prior to initiating this action. In the event that the resident needs an emergency medical intervention, that resident should be transported to the emergency room.

**7.8. Rationale for Limitations on the Administration of PRN Medications**

The Board of Nursing makes a clear distinction between mechanical performances of a specific act, e.g., injection of insulin, and the decisional process required to determine whether administration of that medication is appropriate and safe for the individual. For instance, the administration of a PRN medication for agitation, such as providing 1mgm of PO Ativan for an agitated resident, carries significant responsibility. The person who administers the medication must determine that the resident is in need of the medication. Residents may become agitated for a wide range of reasons including mental distress, medical problems, pain, and other issues that may not benefit from administration of the PRN medication. For this reason, the Board of Nursing has limited the administration of PRN to standard over-the-counter preparations for which there is a valid order provided by a physician. (See also Section 4.8 of this manual)

# SECTION 8

# INSTRUCTIONS TO THE MAS STAFF ON DEALING WITH ADMINISTRATIVE CHANGES IN A RESIDENT WITH SERIOUS MENTAL ILLNESS OR SUBSTANCE ABUSE

## 8.1 Overview

A resident may have a change in clinical status that may impact care provided by a MAC worker. Individuals who are transferred to the hospital or returned from the hospital may have immediate needs that require attention of the MAC worker or the MAS nurse. Individuals who are discharged from the residence may need their medication for home use. Individuals leaving on a temporary visit with family, day-visit, or extended home visit may require assistance with medications during the exit process and the worker should be alert to specific issues when the resident returns from the visit. Day trips may be an issue for individuals who receive medications on a scheduled basis.

The MAC worker must be alert to problems with non-compliance or medication errors while the individual is out of the facility. The MAC worker is not responsible to assure compliance when the resident is out of the facility but they need to know when problems occurred during temporary visits and other times when the resident was not physically present within the residence. Each facility should develop a system for assuring that appropriate medications leave with the resident, compliance occurred during time out of the residence, and that the resident resumed his medications in an orderly fashion when returning to the residence.

Most residents do not remain in their residential facility at all times. Residents may go for outings, visits at home or longer stays for family functions such as reunions. Residents may also require hospitalization for health problems. Each of these events can produce a situation where the resident doesn't get their medicine on schedule or may not receive some medicines at all. In other circumstances, residents may get new medicines and even receive medicines that the MAC staff does not know have been administered. For instance, a resident who visits with the family and develops diarrhea may be given diarrhea medicine by the family that causes behavioral changes in the resident. A resident who goes home and catches a cold may be given cold preparations that make him sleepy or agitated. The MAC staff should be alert to the fact that anytime a resident leaves the facility for more than a few hours, there is a possibility that medicines were changed or not administered.

## 8.2. Dealing with Residents who Require Hospital Care

Residents may require hospital care and they may return with significantly different medications than prior to hospitalization. The registered nurse will need to change the MAR and instruct the worker on the new drug protocol for the resident. Each MAC worker should be alerted to the change in the medications and alteration of the MAR. New medications can produce new side effects and new challenges for the MAS/MAC team. These issues must be defined by the licensed staff and clearly communicated to the MAC worker in order to assure that new medications are appropriately administered; for instance, a resident who returns from the hospital for treatment of pneumonia and receives a new nebulizer treatment. That resident may have problems with compliance with the inhaled therapy. The nurse will be responsible to assess for potential problems with administration and alert the MAC workers on ways to maximize treatment.

Anytime a resident returns from the hospital, the MAS nurse must review the medicines to make sure that the MAR agrees with the discharged medicines. Anytime a resident goes to the doctor and returns with a new prescription, the MAS nurse must supervise any medicine changes. Sometimes a doctor will call from the office to stop a medicine. The MAC worker cannot take an order over the telephone and this must be relayed to the nurse. Only the MAS nurse can accept a telephone order from the doctor. ADMHMR is encouraging doctors to send written orders or fax their order to assure clear communication.

The team should know when each of the last doses of medication was administered on discharge from the hospital or return to the residence. Residents are often prepared for discharge from a hospital in the morning but do not arrive in the residence until the afternoon. These individuals may have missed several important doses of medication. The nursing staff will confer with the resident's doctor to decide how to fix that problem. The MAC staff should not attempt to fix or make up for missed doses.

Residents who are transferred to the hospital must arrive with critical information about their medications. Some residents become sick prior to hospitalization and may have missed several doses prior to admission. The MAC staff is responsible to alert the MAS nurse about medication status immediately prior to transfer. Communication with the hospital staff should be channeled through the MAS nurse.

MAC staff should communicate medication information to emergency medical services staff when they are called to the facility for transfer. MAC staff should always include key information such as drug allergies, etc. The facility should have a protocol to assure this transfer of information and MAC workers should be trained on this process.

### 8.3. Managing Residents During Temporary (Temp) Visits out of the Residence

Individuals may leave on a temp visit for a limited time period, such as one or two days, during which the individual's medications may not have been altered. Family or other individuals may administer medications on schedule; however, non-compliance may be a problem and other medications may have been given to the resident for new problems, e.g., Tylenol for pain, cold preparation for a home-acquired respiratory tract infection. These medications may produce new side effects and interact with the previously prescribed and stabilized medications. The MAC worker should always inquire as to the precise dosing schedule, compliance with dosing schedule, and when the resident received their last dose of medication. The MAC worker should also inquire as to whether any new over-the-counter preparations were given to the resident for perceived new health problems.

Residents who leave the facility may have access to illegal substances or alcohol. A change in behavior or mental status upon return may also indicate drug ingestion or intoxication. This activity may impact the provision of scheduled medications and staff should be trained to detect these changes and call for directions; for instance, the patient who returns from a visit with alcohol intoxication may not benefit from a regularly scheduled dose of Ativan.

### 8.4. Dealing with Medication Changes occurring from a Doctor's Office Visits

A resident may be accompanied to the physician's office by a worker who is familiar with the resident and a complete set of medication administration records. MAC staff cannot take verbal orders but they can relay written instructions or orders to the licensed staff. Proper communication with primary care and specialty physicians is strongly encouraged.

## 8.5. Managing Controlled Substances

Controlled substances are always a potential problem whenever a resident leaves the security of the residence. Narcotics, psychostimulants, and benzodiazepines are commonly abused in all segments of society. Abrupt cessation of narcotics or benzodiazepines may produce withdrawal like symptoms within 48 hours of cessation. Individuals who leave on a 2-day visit and fail to receive controlled substances may experience withdrawal upon return. The MAC staff should be trained to observe and report any change in status on return from visits.

Controlled substances, such as narcotics, tranquilizers and stimulants, such as Ritalin or Adderal, have great value on the street. Most families are very honest and safeguard their resident and the resident's medications. Occasionally, a resident's pills may be used by someone else for other reasons. Staff should be aware of the fact that sudden discontinuation of narcotics or nerve pills, such Xanax, Valium or Librium can produce a withdrawal syndrome that includes agitation, nervousness, restlessness and insomnia in all residents. Individuals who are not capable of reporting how they got medications may not be able to inform staff that they did not get pills administered on schedule.

# SECTION 9

# UNDERSTANDING DISPENCING AND ADMINISTRATION OF MEDICATIONS

## 9.1. Overview

Medications are an essential part of treatment offered by healthcare professionals in the Alabama Department of Mental Health and Mental Retardation for persons with mental illness, mental retardation, and substance abuse. Dispensing of medications is controlled by the Alabama Board of Pharmacy, while administration of medications is regulated by the Alabama Board of Nursing for or individuals who are not residing at home. Individuals and family members can self-administer medications; however, individuals residing in any type of healthcare facility must adhere to state regulations.

## 9.2. Understanding The Alabama Board of Pharmacy Rules

Dispensing regulations require that all medications be dispensed from a stock bottle to a second labeled container by a pharmacist. Re-labeling of medications by other individuals is not allowed under Alabama Board of Pharmacy (BOP) regulations. Pharmacists can pre-fill medications boxes, weekly planners or blister packs with appropriate labeling and controls. Nurses cannot pre-fill medication boxes beyond those doses that will be immediately administered. MAC workers can only assist with medicines that are properly labeled by the pharmacists.

The goals of the dispensing and administration regulations are to assure that individuals correctly receive medications prescribed by doctors. These procedures adhere to all BON and BOP regulations.

## 9.3. Prefilling Medication Organizers

Individuals who are capable of medication self-administering are capable of pre-filling their own medication boxes in the same manner that many individuals pre-fill medicine boxes at home to assist with compliance. A nurse may sit with a resident while that individual fills his/her medicine box. The nurse is not responsible for administration of those medications. The resident is responsible for their own medications. A MAC worker may assist the resident in taking medicines that the resident has placed in the box by reminders and education but the MAC worker cannot administer those pills to the resident according to BOP and BON regulations.

A MAC worker may remove pills from properly labeled bottles and assist the individual in taking his medicines from his bottle. A MAC worker may punch appropriately labeled blister packs and give the medication to the resident. BOP regulations forbid that a MAC worker place pills into any new storage containers.

Nurses may preload weekly pillboxes with blister pack medications that continue to carry the appropriate name, dosage, and other vital information. Either the resident or the MAC worker may double-check that medicine again or the MAR to assure that they take the required medications at the appropriate time. Once the medicine is punched from the labeled blister pack, it must be immediately administered to the resident.

Nursing service cannot pre-fill medications boxes with unlabeled medications and then allow other parties to administer medications, including MAC workers. The medication must be recognizable to the MAC worker at the time of consumption by the resident.

# SECTION 10

# MONITORING FOR SIDE EFFECTS

A licensed professional may not be physically present in a building during the assistance with medications by the MAC worker. The ADMHMR policy requires that the MAC worker immediately notify a licensed professional about any significant change in the clinical status of the resident. The MAC worker is not authorized to evaluate residents; however, the MAS-RN will provide each MAC worker with basic guidance on when to call the on-call nurse prior to administering medications.

## 10.1. Guidance for Withholding a Resident's Medications by a MAC Worker

A MAC worker may withhold medications while they call their on-call nurse. This communication should occur within two hours of the dose administration. For example, a drowsy resident may not receive a routine dose of Dilantin while the MAC worker calls for advice. The MAC worker must immediately report to the on-call MAS-RN/LPN.

## 10.2. Use of Structured Check Lists

Each MAC worker is provided specific checklists that cover major issues such as resident appearance, change in behavior, or vital sign alterations. Some persons with serious mental illness may not inform the MAC worker about new physical complaints and consequently, the MAC worker may need to depend upon their knowledge of the resident to determine whether to call the nurse before administering medications.

# SECTION 11

## THE RESIDENT AND FAMILY CAREGIVER'S RIGHTS AND RESPONSIBILITIES

The resident or family caregivers have the right to understand the professional qualifications of individuals who assist with medications. The residential facility has responsibility to inform the resident or legal guardian about the use of medication assistance certification professionals in the care of the individual. The resident or legal representative has the right to decline services provided through the medication assistance certification (MAC) system. These individuals may choose to seek alternative residential programming for their loved ones.

Decision for capacity to self-medicate is a clinical decision made by the clinical treatment team. The wishes and opinions of the individual resident should be carefully considered during the decision-making process; however, the three-step test is not a matter of resident's choice but resident's safety. Residents must have the capacity to meet the three-step qualifications in order to self-medicate. Many residents achieve the capacity to self-medicate over time and this status can be reassessed on a regular basis.

Family caregivers are not authorized to administer medications or treatments to residents of residential facilities operated by the Alabama Department of Mental Health and Mental Retardation. Family caregivers may not waiver the NDP requirements.

The Department recognizes that medication self-administration is a major component to self-determination and autonomy. The Department strives to maximize independence and autonomy for all residents; however, the Department is also bound to follow state regulations on the administration of medication. Questions concerning self-determination and autonomy can be referred to the Department's Office of Advocacy at 1-800-367-0955.

## CHECKLIST 1

# Common Changes in a Resident's Mental Status with SMI or SA that Require Immediate Attention

| The Resident Appears: | Possible Explanation | Suggested Actions |
|---|---|---|
| Sleepy | Infection, drug toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug intoxication* | |
| Irritable | Pain, drug toxicity, low blood sugar, drug ingestion* | |
| Confused | Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar, drug intoxication* | |
| Agitated or Aggressive | Drug toxicity, new health problem causing pain, seizures, low blood sugar, constipation, drug use* | |

* Illegal street drugs or alcohol

**NOTES:**

# CHECKLIST 2

**NOTES:**

## Important Behavioral Changes in Residents with Serious Mental Illness or Substance Abuse that Require Immediate Attention

| The Resident Won't: | Possible Explanation | Suggested Actions |
|---|---|---|
| Walk | Pain, broken bone, stroke, heart problems, excess sedation, drug overdose | |
| Talk | Stroke, excess sedation, drug overdose | |
| Eat | Stroke, stomach problems, bowel problems, dental problems, infection, broken tooth, cut tongue | |
| Wake Up | Stroke, medication overdose, drug overdose, health emergency, drug overdose | |

# CHECKLIST 3

**Important Changes in Vital Signs of Residents with Serious Mental Illness or Substance Abuse that Require Immediate Attention**

| Vital Sign Change | Normal | Immediate Report Level | Common Possible Causes |
|---|---|---|---|
| High blood pressure* | Top – 90 to 140<br>Bottom – 60 to 90 | Top – over 160<br>Bottom – over 100 | Pain, fear, anxiety, medication side effect, seizure, non-compliance with high blood pressure medication, drug intoxication |
| Low blood pressure* | Top – 90 to 140<br>Bottom – 60 to 90 | Top – less than 90<br>Bottom-less than 60 | Internal bleeding, dehydration, heart problems, drug reactions, excessive medications for high blood pressure, drug intoxication |
| Fast Pulse at Rest | 60 to 90 | Over 90 | Pain, fear, drug reactions, seizures, heart problems, internal bleeding, drug intoxication |
| Slow Pulse | 60 to 90 | Below 60 | Heart problems, drug side effects, drug overdose |
| Fast Breathing at Rest | 12 to 16 | Over 16 | Asthma, pain, fear, lung disease, heart problems, seizures, low oxygen in blood, pneumonia, drug overdose |
| Slow Breathing while awake | 12 to 16 | Below 8 | Excessive sedation, brain emergency, low blood sugar, drug overdose |
| High Temperature | 97 to 100 | > 100 | Infection, drug reaction, heat stroke |
| Low Temperature | 97-100 | < 97 | Shock, severe infections |

*Systolic = top number

*Dystolic = bottom number

**NOTES:**

# TERMINOLOGY

1. **NDP (Nurse Delegation Program)** – a general term that refers to the entire system that allows non-licensed persons to assist licensed nursing professionals in the administration of medications.
2. **MAS** – **Medication Assistant Supervising** nurse. This term refers to registered nurses or LPN's who have undergone four hours of training, successfully completed the test, and are capable of delegating assistance responsibility to non-licensed healthcare workers.
3. **MAC** – **Medication Assistant Certified** Workers. MAC workers are any individuals with a high school or equivalent education who has undergone 24 hours of MAC training and has passed Level-1 and Level-2 examinations.
4. **MATT** – **Medication Assistant Train-The-Trainer**. Individuals within specific organizations who are certified to train MAS staff. MATT workers take two additional hours of education in addition to the basic MAS training and must pass an additional test beyond the MAS examination.
5. **ABN** – **Alabama Board of Nursing**. An agency within the state of Alabama government that regulates nursing services. All nurses practicing in Alabama must adhere to BON regulations.
6. **ABP** – **Alabama Board of Pharmacy**. An Alabama state organization that regulates the practice of pharmacy administration of medications. All medications must be dispensed in accordance of BOP regulations.
7. **MAC-1. Medication Assistant Certification** – **Level 1.** A course of 12 hours that covers basic information that can be used in all treatment settings. The MAC-1 certificate is good in any facility authorized by the Department of Mental Health and Mental Retardation.
8. **MAC-2**. The hands-on training provided by the MAS nurse to assure that a person in competent to perform basic skills within a designated organization. MAC-2 certification in only good for specific organizations or facilities.
9. **ADMHMR** – **the Alabama Department of Mental Health and Mental Retardation**. A cabinet-level state organization that has the authority to certify and reimburse facilities for residential care provided to persons with mental illness, mental retardation, or substance abuse.
10. **HIPPA** – **Health Insurance Portability and Privacy Act**. A federal act of Congress that protects the privacy of individuals and limits the distribution of confidential health information.
11. **MAR** – **Medication Administration Record**. An official, legal document that details the medications provided to a resident as well as their administration in effect. Only a licensed nurse can change an MAR as outlined by BON rules in Alabama. The MAC worker can state whether a specific resident took a medication at any particular time.

## KEY TO SPECIFIC DOCUMENTS IN THE NDP SYSTEM

| NDP | DOCUMENT |
|---|---|
| 1 | MATT MANUAL |
| 2 | MAS MANUAL |
| 3 | MAC MANUAL (3.1, 3.2, 3.3 MR SLIDES, 3.4 MI/SA SLIDE) |
| 4 | MAC FACTS |
| 5 | NDP OPERATING MANUAL |
| 6 | NDP ATTENDANCE SHEETS |
| 7 | MAC TEST |
| 8 | MAS TEST |
| 9 | MAT TEST |
| 10 | STAFF EVALUATON FORMS |

## NOTES